



## Washington Medicaid Integration Project (WMIP) Community Advisory Board

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### Meeting Summary October 7, 2004

**Facilitator: Janelle Sgrignoli**

**ATTENDANCE** – a regular meeting of the WMIP Community Advisory Board was held on Thursday, October 7, 2004, 10:30 AM, at the Snohomish County Human Services Department, 2722 Colby, 1<sup>st</sup> Floor Northwest Conference Room, at Everett, Washington.

**VOTING & NON-VOTING MEMBERS:** Steve Ahern, Frank Busichio, Laura Caster, Randall Downey, Jack Eckrem, Marie Jubie, Eleanor Owen, Peggy Wanta, Steve Reinig, Ann Vining, Mike Manley, Lorraine Cronk and Janelle Sgrignoli.

**EXCUSED VOTING & NON-VOTING MEMBERS:** Ann Christian, Marianna Conner, LaRonda Durrant, Ann Koontz, and Jim Teverbaugh.

**GUESTS & STAFF:** Mary King, Jerry Fireman, Lyn Newhardt, Alice Lind, Kristi Knudsen, Brett Lawton, Becky McAninch-Dake, Cammy Hart-Anderson, Daniel L. Kent, M.D., Annie French, Mary Anne Lindeblad, Ed Hidano, Deidre Ridgway, Wendy Klamp, Nancy Jones, Laurel Lee,.

### **WELCOME & INTRODUCTIONS**

Introductions were made around the room.

### **UPDATES ON OLYMPIA**

On September 21, Janelle made a trip to Olympia and took the report on the Medicaid Integration Report with her. She met with a number of legislators and their aids. The report was well circulated and there was good feedback. She is continuing to receive responses from individuals with questions.

Ed reported that on September 17 he submitted the Legislative Report to the appropriate legislative committees, including House Appropriations and Senate Ways and Means. Twelve (12) meetings have been scheduled with legislators, many from this area. Janelle requested a list of those legislators. Emphasized was that DSHS is working closely with Snohomish County and is trying to work in partnership. The project itself is making very good progress.

On January 1, the first phase of this project will be in effect and will be enrolling up to 6,000 Medicaid aged, blind and disabled clients. Also emphasized were the reasons why this project was so important: the 9,234 clients served in 2002 consumed \$123 million of services from DSHS. It's likely that in 2004 that same group of clients will cost the State of Washington an additional 10%, conservatively. DSHS reported that this small group of clients visited the emergency hospital room in Snohomish County almost 13,000 times.

The Legislators were pleased that individual, quality time was spent with each of them.

Eleanor asked if this information is being passed on to the Mental Health Task Force. Ed stated meetings will be scheduled with Representative Helen Sommers, Representative Ilene Cody, Senator Horn, Senator Parlette, and Senator Zarelli and another from east of Lake Washington, individually. He spoke with Sherry McNamera this morning and they may go over to Wenatchee to meet with Senator Parlette in the next couple of weeks. Mary Anne indicated they have meet with legislative staff from the Task Force.

Steve Reinig asked if there will be formal presentations made to the subcommittees of the Mental Health Task Force. Ed stated he wasn't sure, that the legislative staff is very interested in this project. There was concern regarding the mental health piece as to why there is a delay in the implementation of the mental health piece until July '05.

### **MEDICAL NETWORK UPDATE – DSHS/MOLINA**

Laurel reported they are working with MAA, and it is their intent to deliver to MAA information on the network by October 29; it will be posted on the Molina website. Molina has employed a two-pronged approach: they are amending their existing contract and network. Amendments were sent to that network in Snohomish County and adjacent counties of King, Island and Skagit. A formal solicitation has been launched of the providers that are not currently working with Molina but were identified as being priority providers.

In terms of an update of the network development, as it relates to primary care, their contracts with the participating network by and large allows them to add a negative option, it lets them know they are adding the line of business unless they opt out. Amendments need to be formally acknowledged, require a signature. Molina has received only had a handful of declines from providers (three in Snohomish County) that said they do not want to participate. Amendments have been received from 32 individual and/or small group primary care providers. Verbal commitments have been made and working towards finalization.

Regarding non-primary care, everything from specialists to ancillary providers to facilities, that was sent to over 5,000 providers. Seventeen (17) declines have been received thus far. The amendment took affect October 1 and those who didn't opt out are being assumed as participating. Molina is in active negotiation with provider groups where a second signature is required; the bulk of those are with the University of Washington physicians.

As far as mental health, Molina used the same process of submitting negative option amendments to the existing contract network of providers. There have not been any declines to date. Molina recently secured an amendment with Compass Health.

As far as the chemical dependency network, Molina is moving forward with its intent to contract through Snohomish County Human Services. A letter of intent has been submitted from Snohomish County that will enable Molina to access the outpatient treatment agencies that currently render services to this population. Credential applications have been received for at least 90% plus of the chemical dependency counselors.

Marie asked if SeaMar was asked to provide psychiatric care. Laurel responded that the negotiator has been focusing on primary care, so she doesn't believe so. The healthy options network in the four county area encompasses 400 plus mental health practitioners. Catholic Community Health Center is also contracted with Molina; the Everett Clinic falls in the active negotiation group.

Ann asked who the key providers are that declined. Laurel responded that she didn't have that information with her but would provide it.

Mike asked about the status of hospitals and pharmacies. Laurel commented that the amendment was sent to the entire statewide hospital network. She will get back with Janelle regarding status.

Ann then asked with respect to the primary care, if there is sufficient capacity to add the 6,000. Molina is tracking/monitoring that. Ann asked of the opt-out group, does the data give you a sense of how many do not have a regular physician already. Laurel responded the data is from those folks who access care. It was about 40% who did not have a primary care match, a significant portion.

Eleanor asked if there is a connection between those individuals who do not have a primary care physician and emergency room visits; that it seems it would be a logical probability; and that it would be a link as to why individuals opt out. Mary Anne responded it would be hard to identify, that this group is a special care population. There might be a way to look at individuals who don't get any physician services to look at their ER use.

Marie commented that after 5:00 p.m. you can call the crisis line but generally you cannot reach a doctor or counselor. Many times ER is someone's last resort. Janelle replied that that is considered for the mental health system that is part of care crisis. Those using the ER that aren't there for mental health reasons but what else are they there for? Eleanor's point is do they have a doctor and it's just the situation and that's why they are there, or they do not have a doctor and they are using it for their primary care physician, whoever is on call that day.

Ann asked what percentage of the population is mental health versus developmental disabilities. Mary Anne shared that this information is on the web; that Dave Mancuso updates the information on a regular basis. Dr. Kent drew a pie chart that indicated 25% have mental health problems, about 7% has a dual diagnosis, 16% is chemically dependent, and 40-45% is medical/surgical. He indicated that this was statewide data, not special to Snohomish County.

In looking at Mancuso's data, Ed added there were 587 clients who went through the hospital ER six times or more during 2002. Over 50% of those clients either had a mental health disorder, a dual diagnosis/mental health, or alcohol substance abuse problem. Of those 587 individuals, almost 60% had a dual disorder or mental illness; of that 60% were receiving care from the RSN; the other half not.

Janelle asked if this information could be given to her to be distributed to members prior to the next meeting, that it would be appreciated.

Jerry asked of the 9,000 plus, is there a figure for the opt-out individuals? Mary Anne stated since the beginning of this month there is approximately 6,900 for the opt-out group that get services in January. She also took a look at the Medicare/Medicaid population, and that was approximately 6,000. It was the 2002 data that had the 9,000. She said she would put the statistics together rather than throw out numbers.

Ann asked that any public information that's available about the baseline population prior to the January implementation, she would really appreciate having it made available on the web.

Ann asked if Janelle could add to next month's agenda news about how things are playing out with respect to mental health services in this region as a whole, its funding, and whether there will be less and less available for those medically needy. Janelle said certainly.

Janelle asked that once the medical network is in place, the contract will be signed with Molina? And the request has been sent to CMS? Mary Anne replied the contract is not signed and there are questions that have been responded to. Janelle asked about a timeline? Mary Anne stated they are pretty quick, probably 30 days. Mike asked if this group could see a copy of what was submitted to CMS. Mary Anne thought it had been sent to Janelle. Janelle doesn't recall receiving it and if she did, she would have forwarded it to members. Randall asked if there is room for public comment, a deadline for public comment to CMS. Mary Anne indicated these are just the negotiations; it's not a public comment type of activity.

Randall moved that it would behoove of this committee to forward to CMS this Advisory Board's recommendations submitted to the Legislature. Steve Ahern seconded the motion. Discussion ensued. Question called; 7 in favor; 0 opposition; 3 abstentions, **and the motion carried.**

### **FUNDING – WILL DSHS ASK FOR ADDITIONAL FUNDING**

Janelle stated that decision packages are coming out from DSHS. This group has not seen anything yet. Will there be additional revenue requested to run this program?

Ed responded that their request to the Governor's Office did not include additional monies for this project. It is assumed the project will be supported with existing resources. Janelle commented that early on the Secretary said that his assumption was that it would come out of the medical side, because that seems to be where most of the savings could be generated by managing the primary care. Is that still the premise?

Ed replied staff support for this project on the state side – there is a good number of staff involved from MAA and there is representation from both Health and Rehab, as well as Long Term Care.

Deidre asked what request has been made to the Legislature related to Medicaid Integration. Anything? What is anticipated? Mike added the mention of WMIP exists in budget documents, and budget documents die as of June 30, 2005; therefore, WMIP dies with that language unless there is new language in the statute or in the budget.

Ed stated they are exploring both options of a proviso that will continue this project, as well as legislation. Deidre stated she thought there was a Robert Wood Johnson grant request to do the evaluation piece. Her question is, is that funding going forward to do that, and if not, what are the plans for the evaluation. Ed commented they have not heard from Robert Wood Johnson but are expecting to hear from them soon. If they are turned down by Robert Wood Johnson for the evaluation piece, their intent is to fund the evaluation within existing resources. Deidre asked if they will revise the evaluation to do this. Ed stated it may need to be revised, but nothing has been done yet. Deidre requested that any development, discussion and information be shared with this Advisory Board for input prior to going forward. Ed impressed that any activity will be discussed with the Implementation Team.

### **SUBCOMMITTEE REPORTS**

*Kristie Knudson* – The Long Term Care Subcommittee met this morning. They went through updates from the last meeting and went over a draft policy which is out for comment mainly directed towards Triple A, DDD, and Home Community Services staff. They will be commenting

on materials they could use to help clients understand the program and their options. Also discussed was frequency of meetings because of the fact they are rolling into an operations type meeting versus adding additional operational meetings with Molina and the quarterly meetings. The next meeting is scheduled for December 2.

*Becky McAninch-Dake* – Education and Enrollment Subcommittee. Becky distributed a draft Enrollment Guide and Cover Letter that will be going out to clients on November 1. She does not currently have an electronic copy but will have a PDF file some time around November 1, under the publication forms website. Also distributed were the Results from Consumer Testing of the New Enrollment Guide and Letter. If there are questions asked at the interview that are not reflected in this report and individuals would like to see some data brought back on those, she would be glad to add those to the report. This is a draft. Feel free to send comments to Becky.

This was the last scheduled meeting of the E & E Subcommittee for Enrollment and Education. They will not be holding any more scheduled meetings until the Medicare/Medicaid group is brought in – right now they are thinking of a June date to target that group and send out their enrollment and education. Ann thought this group decided they would be meeting some time in February or March, prior to the publication. Becky said Ann is right, probably three to four months before they go live with the next group of information she would be meeting with the subcommittee if they're interested. The next time they thought they would meet is when mental health and long term care is brought in. Until then, Becky will continue to send information out via e-mail.

*Brett Lawton* – Brett reported that his part of the E & E Subcommittee is the provider and stakeholder training and working with Molina in that DSHS would give a brief overview of the program then Molina could talk about the nuts and bolts and how to build the care coordination team and how that interface happens with providers. A notice is going out to providers to let them know that training opportunities are available. Client information fairs are also being scheduled. Meetings with Compass Health staff have also been scheduled to provide training with case managers from Long Term Care and with the DD Subcommittee.

With respect to CD and MH, DSHS has been working with Molina and Snohomish County to work on coordination of what needs to be in place before January 1 to implement the project. Things are going well. *Cammy Hart-Anderson* reported the Molina contract will cover the outpatient chemical dependency treatment but a number of the clients need more intensive care, so the inpatient will still be provided via the state system, as well as the methadone; the opiate substitution treatment will be provided through the current contract that Snohomish County has in place. There are a lot of coordination issues around that that are particularly more complicated because of the federal confidentiality laws that the CD world is managed by and making sure clients don't slip through the cracks because of the confidentiality regulations as they move from inpatient to outpatient, back on Molina and off of Molina.

Brett continued that due to an unexpected leave, Chris Imhoff is excused from today's meeting and the Mental Health Subcommittee meeting has been cancelled. At the last meeting, discussions are happening with respect to Compass Health getting on the table what needs to be coordinated come January 1.

The Tribal Subcommittee has not met yet. A meeting is planned for October 25 at Stillaguamish.

Mike asked come November 1 or thereabouts when this publication goes out, it will be sent out in languages the recipient will be able to read. Brett responded affirmatively.

### **MOLINA CLINICAL INTEGRATION MODEL**

Dr. Kent then briefed the Advisory Board on the Care Coordination Model Molina will use (*handout distributed*).

Highlights include:

- ✚ WA State: New WMIP Enrollee: State manages enrollment process; enrollment data transferred to Molina Healthcare.
- ✚ Molina Healthcare:
  - Molina Healthcare Intake
  - Care Coordination Team
  - Care Planning
- ✚ Providers
  - Medical & Surgical Care
  - Mental Health
  - Chemical Dependency
  - Primary Care Practitioners
  - Community Agencies
  - Members with multiple problems
- ✚ WMIP Screening and Assessment Process
  - Timing
  - Process
  - WMIP Staff
  - Contacts with and Role of PCP

### **PUBLIC COMMENT/ANNOUNCEMENTS**

Steve Ahern commented he feels better today about this process now that he sees some structure but is still concerned with the need to rush into it.

Eleanor expressed her concern in the mental health budget proposal that will add \$10 million for new beds for those who are mentally ill that commit crimes. She continued that this is the only country in the world that punishes an individual for mental illness. As an example, an individual has epilepsy and he/she breaks a window on the bus. The bus driver will have that person taken to the hospital. If an individual has schizophrenia and sees a demon come through the window and the window is broken, the police is called. This individual is shackled and handcuffed and taken to jail. This is a major issue that is not being dealt with and it is passively assumed that it is okay and individuals are endorsing the additional \$10 million that is going to go to sustain a system such as this. She finds this very disturbing. She is meeting with a representative from Washington D.C. to file a class action suit to reverse this trend so that individuals with mental illness don't get punished for having a brain disorder (just like a person with epilepsy) and be sent to jail or prison rather than immediately put them into a care system, a protective system. This problem needs to be addressed legally, through modifying the laws.

Mike added that there is also plenty of experience in the world of countries in which individuals have used the mental health system as a form of a criminal justice system.

## **SET NOVEMBER AGENDA**

- ✚ The role that this group can take after implementation
- ✚ Budget proviso
- ✚ Evaluation piece, and if that's not in place, what the revisions might be, and quality planning
- ✚ News about how things are playing out with respect to mental health services in this region as a whole, funding, and whether there will be less and less available for those medically needy

**Meeting adjourned at 12:35 P.M.**

**The next meeting will be held Thursday, November 4, 2004, from 10:30 a.m. – 12:30 a.m. at the Human Services Department, 1<sup>st</sup> Floor, Northwest Conference Room.**